

ODHS Contingent Affiliation Manager Request

This process requests the classification of Contingent Worker for an individual non-state partner (herein referred to as "partner") of ODHS. With the classification of Contingent Worker, a partner can then request the Workday Learning role of Affiliation Manager in order to support their colleagues in completing state-required training. The resulting position is referred to as a Contingent Affiliation Manager. Please complete one form for EACH individual requiring this role.

1. Date partner requires this classification:
2. Partner's name:
3. Partner's home address:
For this and the next 2 items, personal contact information is preferred over work contact information to ensure the ability to connect if the partner changes employers. Work contact information is acceptable if that's the data the partner wants to share.
4. Partner's personal phone number:
5. Partner's personal email address:
6. Organization's business name:
The name of the partnering organization with which this individual is employed.

7. Manager's name:
Name of the manager the partner works for in this organization.

8. Manager's email address:
Email address of the manager the partner works for in this organization.

9. ODHS program with which the partner is primarily associated:
If the individual work with more than one program, choose one.

10. Name of the ODHS employee who is the partner's main contact in this program:

11. Name of person submitting this request:

Thank you. By submitting this form, the manager noted above agrees that this partner requires this role to support their colleagues in completing state-required training.